

UTAH TITLE XXI PROGRAM FACT SHEET

Name of Plan: **Utah's Children's Health Insurance Program.**

Date State Plan Submitted: April 2, 1998

Date State Plan Approved: July 10, 1998

Date State Plan Effective: August 3, 1998

Date First Amendment Submitted: January 28, 1999

Date First Amendment Disapproved: November 29, 1999

Date Second Amendment Submitted: March 1, 2002

Date Second Amendment Approved: June 25, 2002

Date Second Amendment Effective: December 15, 2001; January 1, 2002; February 1, 2002

Background

- On July 10, 1998, CMS approved Utah's separate child health program, which provides coverage for children under age 19 with family income at or below 200 percent of the Federal Poverty Level (FPL).

Amendments

- On November 29, 1999, CMS disapproved a state plan amendment to add cost sharing for families with incomes below 100 percent of the FPL. The State requested approval to apply the same cost-sharing schedule for families with incomes below 100 percent of the FPL that was previously approved for families with incomes from 100 to 150 percent of the FPL.
- The State's second amendment submitted on March 1, 2002, allows the State to establish an enrollment cap of 24,000; require premiums and increased copayments for enrollees above 100 percent of the FPL; disregard the child's income when determining family income; and, modify the dental, vision and hearing services within the benefit package.

Administration and Phases

- The Utah Department of Health administers the Utah Children's Health Insurance Program. The Division of Health Care Financing, which is within the Department of Health, contracts with the managed care organizations and purchase services from the health care providers.

Children Covered Under Program

- The State reported that 34,655 children were ever enrolled in its program during Federal fiscal year 2001.

Health Care Delivery System

- Health services in the urban areas (Davis, Salt Lake, Utah and Weber counties) are delivered by managed care organizations (MCOs). The State currently contracts with six MCOs for their Medicaid population.
- Health services in the rural areas (all other counties) are delivered by providers on a fee for service basis. The State shows that nearly 100 percent of family and general practitioners and pediatricians participate in Medicaid and expects the same rate of participation in SCHIP.

Benefit Package

- Utah offers benchmark-equivalent coverage. The State's plan includes an actuarial analysis comparing the benefit package to the benefit plan provided to the employees of the State of Utah.
- The benefit package includes inpatient hospital; outpatient hospital; emergency department services; physician services; vision care; lab and radiology services; physical therapy and chiropractic; hearing services; podiatry services; end stage renal disease - dialysis; home health services; speech therapy; hospice services; durable medical equipment and supplies; abortions and sterilizations as permitted by law; organ transplants; other outside medical services at the Health Plan's discretion; ambulance transportation; preventive services; family planning services; pharmacy services; mental health and substance abuse treatment; and dental services.
- Dental benefits are limited as a result of the second amendment. In addition, vision and hearing services have been modified to cover one exam every 12 months rather than every 24 months. These changes were effective February 1, 2002.

Cost Sharing

- There is no cost sharing for families below 100 percent of the FPL.
- Effective January 1, 2002, copayments for families with income above 101 percent of the FPL for most services were increased.
- Effective February 1, 2002, families with income between 101 and 150 percent of the FPL are subject to premiums of \$5 per month per child with a cap based on family size and income. Effective July 1, 2002, the premium structure will change and these families will be subject to premiums of \$13 per family per quarter.

- Effective February 1, 2002, families with income between 151 and 200 percent of the FPL will be subject to premiums of \$10 per month per child. Effective July 1, 2002, the premium structure will change and these families will be subject to premiums of \$25 per family per quarter.
- The State has a mechanism to ensure that once a family reaches their out-of-pocket maximum that the family may cease paying further copayments and coinsurance.

State Action to Avoid Crowd Out

- The application requests information about health insurance coverage for the children in the household. Every SCHIP application is screened through the Medicaid eligibility determination process to determine if the child qualifies for Medicaid.
- A child is found ineligible for SCHIP if the child is eligible for Medicaid (except for the Medically Needy program with an unmet spend down); if the child is found to have access to insurance coverage or is already covered by a group health plan or other health insurance; or if the child has been voluntarily terminated from health insurance coverage within the 3 months prior to the application date for coverage under SCHIP.

Outreach Activities

The State utilizes many strategies to identify and enroll eligible children. These include:

- Computer match of families already on Medicaid who have children without coverage and of families receiving child-care assistance without Medicaid.
- Medicaid eligibility workers already in place in over 98 locations will determine eligibility for SCHIP. These eligibility determination sites are located in hospitals, community health centers, local health departments, Department of Workforce Services offices and many other allied agencies.
- Identify potentially eligible children through allied agencies, church groups, schools, hospitals, early intervention programs, Children With Special Health Care Needs Clinics and the Department of Workforce Development.
- Disseminate information through community presentations, press coverage, toll free telephone line, brochures, flyers and postcards. Information will be disseminated by housing assistance organizations, hospitals, medical care sites, community based organizations, and other Medicaid outreach campaigns.

Financial Information

Total FFY 2002 SCHIP Allotment -- \$23,017,975

FFY 2002 Enhanced Federal Matching Rate – 79.00%

FFY 2003 Enhanced Federal Matching Rate – 79.87%

FFY 2002 Costs

State Share -- \$5,500,000

Federal -- \$20,690,500

Total -- \$26,190,500

FFY 2003 Costs:

State Share -- \$5,500,000

Federal -- \$21,822,400

Total -- \$27,322,400

Last modified: June 25, 2002